2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000041486

FILED Jun 26, 2009 Secretary of State

Entity Name: RECORD TRANSCRIPTS INC. **Current Principal Place of Business: New Principal Place of Business:** 501 E. KENNEDY BLVD. **SUITE 1230** TAMPA, FL 33602 **New Mailing Address: Current Mailing Address:** 501 E. KENNEDY BLVD. **SUITE 1230** TAMPA, FL 33602 US FEI Number: 65-0853266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLM, SHARON L GM HOLM, SHARON L VP 501 E. KENNEDY BLVD. 501 E. KENNEDY BLVD. **SUITE 1230** SUITE 1230 TAMPA, FL 33602 US TAMPA, FL 33602 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: SHARON L. HOLM 06/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SULLIVAN, DAVID M PRES Name: Name: 2829 AGRICOLA STREET Address: Address: City-St-Zip: HALIFAX,, NS B3K 455 CA City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: HOLM, SHARON L Address: Address: 501 E. KENNEDY BOULEVARD TAMPA, FL 33602 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON L. HOLM VP 06/26/2009